

**Educational Leave/Educational Assistance Report
Fiscal Year 2014**

Department Name: Human Services

Employee Name	Classification	Course Title	Hours Missed		Direct Costs		Indirect Costs	Cost Savings
			W/Pay	W/O Pay	Tuition	Other		
NA-no funds expended								
TOTALS:			0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00